

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF MELINDA SCOTT	RECEIVED U.S. MARSHAL'S SERVICE ROANOKE, VA	COURT CASE NUMBER 2:17CV10011
DEFENDANT ANDREW CARLSON	2017 MAY 15 A 8:39	TYPE OF PROCESS SUMMONS/COMPLAINT

SERVE AT NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
ANDREW CARLSON
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
150 Willow Creek Avenue Schenectady, NY 12304

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW MELINDA SCOTT 2014PMB87 P O BOX 1133 RICHMOND VA 23218	Number of process to be served with this Form 285 1
	Number of parties to be served in this case 1
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

SEE ATTACHED ORDER

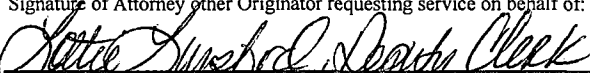
JDIS case number: 2:17CV10011
Entered: 5/17/17
Forward district: 052 (please close)
Closed: 6/1/17

CLERK'S OFFICE U.S. DIST. COURT
AT ROANOKE, VA

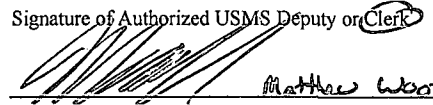
FILED

JUN 26 2017

JULIA C. DUDLEY, CLERK
BY:  DEPUTY CLERK

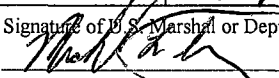
Signature of Attorney or Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 276-628-5116	DATE 5/9/17
---	---	----------------------------------	----------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 052	District to Serve No. 052	Signature of Authorized USMS Deputy or Clerk  Matthew Wynn	Date 5/17/17
---	--------------------	-------------------------------	------------------------------	---	-----------------

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date 06.01.2017 Time 1447 hrs <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy 

Service Fee \$65.00	Total Mileage Charges including endeavors 18.19	Forwarding Fee \$8.00	Total Charges 91.19	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
------------------------	--	--------------------------	------------------------	------------------	---

REMARKS: 5/22/17 TO ALB for service - JSC 34 miles roundtrip one Deputy.
started 06.01.2017 at 1400hrs end time 1447hrs

PRINT 5 COPIES

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED